

## Welcome to medicine, Class of '98

Douglas Waugh, MD

September is the month when, in an earlier incarnation as a dean of medicine, I had the pleasant duty to make a welcoming address to the incoming class of first-year medical students.

I suspected then, and am certain now, that whatever words of wisdom I passed along didn't remain in my listeners' memory banks for long. The students were still in a state of euphoria over taking their first steps into the noble profession of healing, and were too anxious to get on with that serious business to have their progress slowed by some ponderous irrelevancies from the dean.

However, I would soldier on. I'd try to get their attention by welcoming them to a profession in which they were bound to fail. All of their patients were going to die, and so would they. Medicine does not prevent this unwelcome outcome — it can only hope to postpone it and to alleviate discomfort as death draws near.

This is not a bad message to pass on to would-be physicians, and I went on to embroider it with a plea for all doctors to take seriously their roles as counsellors to the ill and advocates for the maimed, in addition

to their more obvious responsibilities as therapists.

If I were welcoming an incoming class this month, I would go further. In the more than half-century since I entered medical school, there have been monumental changes in medical practice and in the social climate in which it is conducted. Antibiotics have come into use, sophisticated blood typing has made transfusion safer, organ transplantation has come of age and we have

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had to devise ways to rehabilitate the patients who now survive once-fatal traumatic injuries. And with the help of sophisticated scanning, we can now see things in patients that we only guessed about before.

These are just a few of the changes that have appeared in medical practice. Already on the horizon are the ethical complexities that will come with our growing capacity for genetic manipulation.

Along with these innovations there have been equally startling changes in the society in which physicians work. We now take for granted the benefits and problems of

a sophisticated medicare system that was only a distant dream when I entered medical school. And we are beginning to accept the proposition that society has not only the right but also the responsibility to look over our shoulders, to question our actions and to concern itself with the implications of those actions. We have come a long way from the days when "the doctor knows best" was an unchallenged assumption.

My generation entered medicine when it was, or at least appeared to be, in a pretty stable state, at the apex of its evolution and unlikely to undergo much further change during our working lifetimes. It was a silly assumption, of course, but many of us were taken in by it and were not psychologically prepared for the need to adapt ourselves to the evolving new environment of our practice lives.

I would tell the Class of '98 that the most important advice I could give would be that they prepare themselves for a life of adaptation — adaptation to changes they cannot now anticipate both in the ways in which health care is provided and in society's new and changing expectations.

It is a scary, brave new world that confronts them, and they should prepare themselves to welcome it, not pretend it isn't there. ■

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